## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notificatio	ns,	• · · · · · · · · · · · · · · · · · · ·	y speenying a new corres		` ,			
CURRENT CORRESPONDEN	CE ADDRESS (Note: Use Blo	Note Fee( pape	: A certificate of r s) Transmittal. This rs. Each additional	mailing can or s certificate ca paper, such a	nly be used for unnot be used fo us an assignmen	domestic mailings of or any other accompany of or formal drawing, m	the ing	
2015t 7	590 07/25/	navç	us own centificate	or mailing or	transmission.			
HENRY M FEIE HENRY M FEIER 708 THIRD AVEN	EISEN	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2846, on the date indicated below.						
SUITE 1501			H	ENRY M. FE	T TRAFFIE		(Depositor's nar	me)
NEW YORK, NY	10017			1111	11111111111111111111111111111111111111		(Signatu	_
				ctober 24,	2008			ate)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	<i>v</i>	ATTORNEY D	OCKET NO.	CONFIRMATION NO.	П
10/595,486	11/21/2006		Roman Foltyn		FOL?	TYN	1305	_
TITLE OF INVENTION: PRECISELY TIMED EXECUTION OF A MEASUREMENT OR CONTROL ACTION AND SYNCHRONIZATION OF SEVERAL SUCH ACTIONS								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTA	AL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	····	\$1740	10/27/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
NGUYEN, HAI V		2618	455-265000					
1. Change of correspondence address or indication of "Fce Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  HENRY M. FEIEREISEN  URSULA B. DAY  2  3					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Siemens Aktiengesellschaft			Munchen / Germany					
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🎽 Corporation or other private group entity 🔲 Government								
4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies ☐ Change in Entity Status (from status indicated above)			tb. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0502 (enclose an extra copy of this form).					
a. Applicant claims 5			☐ b. Applicant is no long	er claiming SMAI	.L. ENTITY st	atus. See 37 CF	R 1.27(e)(2).	
NOTE: The Issue Fee and I interest as shown by the rec								y in
Authorized Signature	Jill	Illy	Once.	Date 10				_
Typed or printed name HENRY M. FEIEREISEN			Registration No. 31,084					
This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	lity is governed by 35 application form to the is for reducing this but ginia 22313-1450. DO	FR 1.311. The information U.S.C., 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est depending upon the indive e Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 m idual case. Any cor, U.S. Patent and DTHIS ADDRESS	he public which ninutes to comments on the Trademark Of I, SEND TO: 0	h is to file (and aplete, including amount of tin fice, U.S. Depa Commissioner f	by the USPTO to proce g gathering, preparing, ne you require to comp rtment of Commerce, I or Patents, P.O. Box 14	ess) and lete 2.O. 150,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.